COMBINED DECLAR	ATION FOR UTILITY OR	R DESIGN PATENT	ATTORNEY'S DOCKET PU4803US
	POWER OF ATTORNEY	1	First Names Inventor:
***************************************			BLEDSOE
( ) Declaration submitted with initial ( x ) Declaration submitted after initial	iling or filing (surcharge required 37CFR1.16(e))		Complete if known: App No.: 10/600,751  Filing Date June 20, 2003  Group Art Unit: 1645
As below named	inventor. I hereby declare that:		
My residence, post office	address and citizenship are as stated belo	ow next to my name.	
I believe I am the original, (if plural names are listed entitled:	, first and sole inventor (if only one name below) of the subject matter which is cla	e is listed below) or an original, a simed and for which a patent is so	irst and joint inventor ought on the invention
	A GLUCOCORTICOID RECEPTOR KPANDED BINDING POCKET AND		
the specification of which	(check only one item below):		
[ ]is attached hereto.  OR  [ x ] was filed on June 20	, 2003 as United States application Sen	:-1 No. 10/600 751 or PCT Inte	mational
<del></del>			
Application Number(if	filed and vapplicable)	was amended on (MM/DD/YYY	Y)
	reviewed and understand the contents of Iment specifically referred to above.	the above-identified specification	n, including the claims,
I acknowledge the duty to	disclose information which is material t	o patentability as defined in 37 C	FR §1.56.
inventor's certificate or 365(a) of a States of America, listed below and certificate or of any PCT internation	efits under 35 U.S.C. §119 (a)-(d) or §36 ny PCT international application which of have also identified below, by checking and application having a filing date before	designated at least one country of g the box, any foreign application re that of the application on whic	ther than the United n for patent or inventor's
	RIORITY CLAIMS UNDER 35 U.S.C Country	Foreign Filing Date	PRIORITY
Prior Foreign Application Number (s)	Сошкиу	(MM/DD/YYYY))	CLAIMED
1.			
2. 3.			<b>-</b>
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5.			
	tle 35, United States Code §119(e) of an	y United States provisional appli	cation(s) listed below:
Application No.		(MM/DD/YYYY)	
1. 60/390,610	0	6/21/2002	

# COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU4803US

Thereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION			STATUS (Check	one)
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER OF ATTORNEY: As a named inver prosecute this application and to transact all bu Customer Number 23347 and Customer Number	siness in the Patent and Trademark er 20462	Office connected therev	Customer Numbers with Direct Telephone Co	
Address all correspondence and telephone David J. Levy	calls to Customer Number 23	<u>347</u>	•	P. Grassler
Corporate Intellectual Property GlaxoSmithKline			919-	483-2482
Five Moore Drive, PO Box 13398				

		F 2	The second section of the second	SECOND GIVEN NAME/INITIAL
1	FULL NAME	PAMILY NAME	FIRST GIVEN NAME	
2	OF INVENTOR	BLEDSOE	Randy	K
	INVENTOR'S	Signature		Date:
	SIGNATURE	Kand K Blockar		7-24-03
0	RESIDENCE &	CTTY	STATE OR FOREIGN COUNTRY	COUNTRY OF CIXTUENSHIP
ŀ	CITIZENSHIP	Durham	NC	US
<b>i</b> .	POST OFFICE	POST OFFICE ADDRESS	CULA	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box 13398		
	FULL NAME	PAMILY NAME	FIRST CIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LAMBERT, III	Millard	H
	INVENTOR'S	Signature		Dares
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	PAMILY NAME	First Civen Name	SECOND GIVEN NAME INDICAL
2	OF INVENTOR	MONTANA	Valerie	G
1	INVENTOR'S	Signature		Date:
1	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREICN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
į .	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & 2IP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
ļ -		Five Moore Drive, PO Box 13398		

	PARM V NAME	FIRST GIVEN NAME	SECOND GIVEN NAMEANITIAL
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		Lugenc	Date:
	Signature		
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RESIDENCE &	•		1
CITIZENSHIP	Durham		US
POST OFFICE	POST OFFICE ADDRESS	•	STATE & 22P CODE/COUNTRY
ADDRESS	GlaxoSmithKJine	Research Triangle Park	North Carolina 27709, US
	Five Moore Drive, PO Box 13398		
FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAMEZNITIAL
,	Xu	н	Eric
	Signature		Date:
	7/		
	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CYTUZENSHIP
	Grand Rapids	МІ	US
		CITY	STATE & ZIP CODE/COUNTRY
		Grand Rapids	Michigan 49503, US
ADDRESS	333 Rostwick, NE		
	CITIZENSHIP POST OFFICE	OF INVENTOR STEWART  INVENTOR'S SIGNATURE  RESIDENCE & CITY DUTHAM POST OFFICE ADDRESS  FULL NAME OF INVENTOR INVENTOR'S SIGNATURE  RESIDENCE & CITY DutHAM FAMILY NAME AND SIGNATURE  RESIDENCE & CITY CITIZENSHIP POST OFFICE ADDRESS  C/O Van Andel Research Institute	OF INVENTOR'S SIGNATURE  RESIDENCE & CITY POST OFFICE ADDRESS FULL NAME OF INVENTOR'S SIGNATURE  FAMILY NAME OF INVENTOR  INVENTOR'S SIGNATURE  FAMILY NAME OF INVENTOR'S SIGNATURE  RESIDENCE & CITY Durham NC US CITY Research Triangle Park FIRST GIVEN NAME H FIRST GIVEN NAME H  SIGNATURE  SIGNATURE  CITY Grand Rapids  FOST OFFICE ADDRESS C/O Van Andel Research Institute  CITY Grand Rapids  CITY Grand Rapids  CITY Grand Rapids  CITY CITY CITY CITY CITY CITY CITY CIT

COMBINED DECLAR	ATION FO	OR UTILITY OF	R DESIGN PATENT	ATTORNEY'S DOCKET PU4803US
APPLICATION WITH	POWER (	OF ATTORNEY	•	First Names Inventor:
				BLEDSOE
				Complete if known:
( ) Declaration submitted with initial f	iling or			App No.:
(x) Declaration submitted after initial	filin <i>a (</i> surcharec	required 37(FR1 16(e))		10/600,751
(X) Decialation submitted arts initial	inng (saremage	10(an 0 ) / 0x x(x · (0(0))		Filing Date June 20, 2003
				Group Art Unit:
				1645
As below named	inventor. I here	by declare that:		
My residence, post office a	address and citiz	zenship are as stated belo	ow next to my name.	
I believe I am the original, (if plural names are listed l entitled:	first and sole in pelow) of the su	nventor (if only one nam abject matter which is cla	e is listed below) or an original, a simed and for which a patent is so	first and joint inventor ought on the invention
			LIGAND BINDING DOMAIN METHODS EMPLOYING SA	
the specification of which	(check only one	e item below):		
[ ]is attached hereto. OR				
[x] was filed on June 20,	2003 as Unite	ed States application Ser	ial No. <u>10/600,751</u> or <b>PCT</b> Inter	national
Application Number(if a	pplicable)	dand	was amended on (MM/DD/YYY	Y)
I hereby state that I have re as amended by any amend			the above-identified specification	ı, including the claims,
I acknowledge the duty to	disclose inform	ation which is material t	o patentability as defined in 37 C	FR §1.56.
I hereby claim foreign priority bene inventor's certificate or 365(a) of an States of America, listed below and certificate or of any PCT internation	y PCT internati have also ident aal application l	ional application which of ified below, by checking naving a filing date before	designated at least one country of 3 the box, any foreign application re that of the application on whic	ther than the United in for patent or inventor's
PRIOR FOREIGN AND ANY PR		IMS UNDER 35 U.S.C Country	. 119:  Foreign Filing Date	PRIORITY
Prior Foreign Application Number (s)		Lounty	(MM/DD/YYYY))	CLAIMED
1.				
2.       3.				
4.				
5.				
I hereby claim the benefit under Tit	le 35, United St			cation(s) listed below:
Application No.			(MM/DD/YYYY)	
1. 60/390,610 06/21/2002 2.				

#### COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKEY NUMBER PU4803US

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION					
			STATUS (Check	one)	
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED.	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number 23347

David J. Levy Corporate Intellectual Property

GlaxoSmithKline

Five Moore Drive. PO Box 13398 Research Triangle Park, NC 27709-3398 Direct Telephone Calls to:

Frank P. Grassier 919-483-2482

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BLEDSOE	Randy	K
	INVENTOR'S	Signature 1 11 of 1		Date 7-24-03
	SIGNATURE	Konf KBlecker		
0	RESIDENCE &	cary v	STATE OR POREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CTTY	STATE & ZIF CODE/COUNTRY
!	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	PORST CIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LAMBERT, III	Millard	<u>H</u>
	INVENTOR'S	Signature		Darm
1	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR POREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	PAMOLY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INTITAL
2	OF INVENTOR	MONTANA	Valerie	G
	INVENTOR'S	Signature		Dates
	SIGNATURE			
0	RESIDENCE &	CITY	• **	
	CITIZENSHIP	Durham		
	POST OFFICE	POST OFFICE ADDRESS	CITY	
3	ADDRESS	GlaxoSmithKline	Rescarch Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	ADDRESS  FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE	GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME MONTANA Stenature  CITY Durham FOST OFFICE ADDRESS GlaxoSmithKline	Research Triangle Park  FIRST GIVEN NAME  Valerie  SYATE OR FOREIGN COUNTRY  NC US	North Carolina 27709, US  SECOND GIVEN NAME/INITIAL  G

Page 3 of 3

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	STEWART	Eugene	L
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	COTY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	ŲŠ
	POST OFFICE	POST OFFICE ADDRESS	CATY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	Xu	н	Eric
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Grand Rapids	MI	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	c/o Van Andel Research Institute	Grand Rapids	Michigan 49503, US
		333 Bostwick, NE		

NO. 1101 P. 7/18

COMBINED DECLARA	TION FOR UTILITY O	R DESIGN PATENT	ATTORNEY'S DOCKET PU4803US				
APPLICATION WITH	POWER OF ATTORNEY	ď	First Names Inventor.				
			BLEDSOE				
			Complete if horses				
			Complete if known: App No.:				
( ) Declaration submitted with initial fil	ing or		10/600,751				
(x) Declaration submitted after initial fi	ling (surcharge required 37CFR1.16(c))		Filing Date				
	It is a second of the second o						
			Group Art Unit:				
			1645				
	iventor. I hereby declare that:	low next to my name.					
	•						
	irst and sole inventor (if only one nar clow) of the subject matter which is c						
	GLUCOCORTICOID RECEPTO! ANDED BINDING POCKET AND						
the specification of which (	check only one item below):		·				
[ ]is attached hereto. OR		-1-1-N- 10/C00 751 DCT I					
[x] was filed on June 20, 2	2003 as United States application Se	nal No. <u>10/600,751</u> or PCT inter	mational				
Application Number	filed and	was amended on (MM/DD/YYY	Y)				
Application Number(if ap	plicable)	•					
	viewed and understand the contents of tent specifically referred to above.	f the above-identified specification	n, including the claims,				
I acknowledge the duty to d	isclose information which is material	to patentability as defined in 37 C	CFR §1.56.				
I hereby claim foreign priority benef	its under 35 U.S.C. §119 (a)-(d) or §3	65(b) of any foreign applications	(s) for patent or				
inventor's certificate or 365(a) of any	PCT international application which	designated at least one country of	ther than the United				
	have also identified below, by checking						
	al application having a filing date before ORITY CLAIMS UNDER 35 U.S.		th priority is claimed:				
Prior Foreign Application	Country	Foreign Filing Date	PRIORITY				
Number (s)	Country	(MM/DD/YYYY))	CLAIMED				
1.							
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3.							
5.							
I hereby claim the benefit under Title	35 United States Code \$110(a) of a	ny I Inited States provisional anni-	icati n(s) listed below:				
Application No.		e (MM/DD/YYYY)	ione may hard bolow.				
1. 60/390,610		06/21/2002					
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## COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEYS DOCKET NUMBER
PU4803US

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

# PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION U.S. Parent Application or PCT Parent Parent Filing Date (MM/DD/YYYY) PATENTED PENDING ABANDONED (MM/DD/YYYY) POWER OF ATTORNEY. As a passed inventor. I bereby appoint the practitioners associated with the Customer Numbers provided below to

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462

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David J. Levy

Corporate Intellectual Property

Frank P. Grassler 919-483-2482

Direct Telephone Calls to:

GlaxoSmithKline

Pive Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398

:				
	FULL NAME	FAMILY NAME	First given name	SECOND GIVEN NAME/INITIAL
1 2	OF INVENTOR	BLEDSOE	Randy	K
_	INVENTOR'S	Signature		Dates
<u> </u>	SIGNATURE			
٥	RESIDENCE &	ÇITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CTILZENSHIP
	CITIZENSHIP	Durham	NC	US
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
1		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	PIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LAMBERT, III	Millard	H
	INVENTOR'S	Signature Mix I of Lit	*	Date: August 5, 2003
	SIGNATURE	4 4 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODECOUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MONTANA	Valerie	G
1 -	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		<u> </u>

Page 3 of 3

,	FULL NAME OF INVENTOR	FAMILY NAME STEWART	FIRST GIVEN NAME Eugene	SECOND GIVEN NAME/INITIAL L
-	INVENTOR'S SIGNATURE	Signature		Dute:
0	RESIDENCE & CITIZENSHIP	спу Durham	STATE OR FOREIGN COUNTRY NC US	US COUNTRY OF CITEZENSHIP
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Fire No. 12209	CITY Research Triangle Park	STATE & ZIF CODE/COUNTRY North Carolina 27709, US
<u> </u>		Five Moore Drive, PO Box 13398	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	FULL NAME OF INVENTOR	Xu	Н	Eric
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Grand Rapids	STATE OR YORKIGN COUNTRY MI	COUNTRY OF CITIZENSHIP US
5	POST OFFICE ADDRESS	rost office Address c/o Van Andel Research Institute 333 Bostwick, NE	Grand Rapids	STATE & ZIF CODE/COUNTRY Michigan 49503, US

COMBINED DECLAR	ATION FO	R UTILITY OF	R DESIGN PATENT	PU4803US		
APPLICATION WITH	(POWER (	OF ATTORNEY	•	First Names Inventor:		
				BLEDSOE		
•	) Declaration submitted with initial filing or x ) Declaration submitted after initial filing (surcharge required 37CFR1.16(c))					
As below named inventor. I hereby declare that:						
My residence, post office address and citizenship are as stated below next to my name.						
I believe I am the origina (if plural names are listed entitled:	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
			LIGAND BINDING DOMAIN METHODS EMPLOYING SA			
the specification of which	n (check only one	item below):				
[ ]is attached hereto. OR						
[x] was filed on June 20	0, 2003as Unite	ed States application Ser	ial No. 10/600,751 or PCT Inter	national		
Application Number (if	file applicable)	dand	was amended on (MM/DD/YYY	Y)		
I hereby state that I have as amended by any amen			the above-identified specification	ı, including the claims,		
I acknowledge the duty to	o disclose inform	ation which is material t	o patentability as defined in 37 C	FR §1.56.		
I hereby claim foreign priority ber inventor's certificate or 365(a) of a States of America, listed below an certificate or of any PCT internation	any PCT internati d have also ident onal application b	onal application which of ified below, by checking aving a filing date before	designated at least one country of the box, any foreign application to that of the application on whice	ther than the United a for patent or inventor's		
PRIOR FOREIGN AND ANY P			. 119:  Foreign Filing Date	PRIORITY		
Prior Foreign Application Number (s)		Country	(MM/DD/YYYY))	CLAIMED		
1.						
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3.						
<b>4. 5.</b>						
I hereby claim the benefit under T	itle 35. United St	ates Code 8119(e) of an	v United States provisional appli	cation(s) listed below:		
Application No.	,		(MM/DD/YYYY)			
1. 60/390,610			5/21/2002			
2.						

#### COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

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			STATUS (Check	one)
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
OWER OF ATTORNEY: As a named invosecute this application and to transact all bustomer Number 23347 and Customer Numddress all correspondence and telephon	ousiness in the Patent and Trademark aber 20462	Office connected theres	with Direct Telephone Ca	
David J. Levy	<del>547</del>	Frank		

1				
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME INITIAL
2	OF INVENTOR	BLEDSOE	Randy	K
	INVENTOR'S	Signature		Dotes
1	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Durham	NC	US
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
1		Five Moore Drive, PO Box 13398		
	FULL NAME	PAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LAMBERT, III	Millard	H
	INVENTOR'S	Signature		Dutes
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIF CODE/COUNTRY
2	ADDRESS	Glaxo\$mithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	PAMILY NAME	XXXX GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MONTANA	Valerie	G
	INVENTOR'S	Signature	-	Date 1 and 1 and
	SIGNATURE	Walerie M. Mo	nana	7/25/03
0	RESIDENCE &	CITY	STATE OF LOWOTCH COCULAR	COUNTRY OF CITEZENSHIP
	CITIZENSHIP	Durham	NC_US	US
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1		Five Moore Drive, PO Box 13398		

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	STEWART	Eugene	L
	(NVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHUP	Durham	NC_US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	Xu	н	Eric
_	INVENTOR'S	Signature		Date:
	SIGNATURE			
٥	RESIDENCE &	CIXX	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
•	CITIZENSHIP	Grand Rapids	MI	US
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZJP CODE/COUNTRY
5	ADDRESS	c/o Van Andel Research Institute	Grand Rapids	Michigan 49503, US
-		333 Bostwick, NE		

COMBINED DECLARA	ATION FOR UTILITY OF	R DESIGN PATENT	ATTORNEY'S DOCKET PU4803US	
APPLICATION WITH	POWER OF ATTORNEY		First Names Inventor:	
			BLEDSOE	
( ) Declaration submitted with initial file (x) Declaration submitted after initial file			Complete if known: App No.: 10/600,751  Filing Date	
			June 20, 2003	
_	Group Art Unit: 1645			
As below named in	nventor. I hereby declare that:			
My residence, post office a	ddress and citizenship arc as stated belo	ow next to my name.		
I believe I am the original, (if plural names are listed b entitled:	first and sole inventor (if only one nameleow) of the subject matter which is cla	e is listed below) or an original, a nimed and for which a patent is so	first and joint inventor ought on the invention	
STRUCTURE OF A GLUCOCORTICOID RECEPTOR LIGAND BINDING DOMAIN COMPRISING AN EXPANDED BINDING POCKET AND METHODS EMPLOYING SAME				
the specification of which (check only one item below):				
[ ]is attached hereto.  OR [ x ] was filed on June 20.	2003 as United States application Ser	rial No. 10/600.751 or PCT Inte	mational	
Application Number(if ap	filedand replicable)	was amended on (MM/DD/YYY	Y)	
	viewed and understand the contents of nent specifically referred to above.	the above-identified specification	1, including the claims,	
I acknowledge the duty to o	fisclose information which is material t	to patentability as defined in 37 C	JFR §1.56.	
inventor's certificate or 365(a) of an States of America, listed below and certificate or of any PCT internation	fits under 35 U.S.C. §119 (a)-(d) or §36 y PCT international application which the have also identified below, by checking all application having a filing date before	designated at least one country of g the box, any foreign application te that of the application on which	ther than the United not for patent or inventor's	
	IORITY CLAIMS UNDER 35 U.S.C		1 44 400 400	
Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED	
1.				
3.				
4,				
5.				
	le 35, United States Code §119(e) of an	y United States provisional appli	cation(s) listed below:	
Application No.		(MM/DD/YYYY)		
1. 60/390,610 2.	0	6/21/2002		

Research Triangle Park, NC 27709-3398

Page 2 of 3

### COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEYS POCKET NUMBER
PU4803US

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filling date of the prior application(s) and the national or PCT international filling date of this application:

PRIOR U.S. PARENT APPLICATION			STATUS (Check	one)
U.S. Parent Application or PCT Parent Number	Parent Filing Dato (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER OF ATTORNEY: As a named invertors acted this application and to transact all bus	ntor, I hereby appoint the practition	ers associated with the C	Customer Numbers	provided below to

Address all correspondence and telephone calls to Customer Number 23347

David J. Levy
Corporate Intellectual Property
GlaxoSmithKline
Five Moore Drive, PO Box 13398

Direct Telephone Calls to:

Frank P. Grassler
919-483-2482

			<del></del>	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BLEDSOE	Randy	K
	INVENTOR'S	Signature		Dates
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR POREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	first given name	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LAMBERT, III	Millard	H
	INVENTOR'S	Signature		Dute:
	SIGNATURE	_		
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	Post office address	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	PAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MONTAÑA	Valerie	G
	INVENTOR'S	Signature		Dates
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
_	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	FOST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

Page 3 of 3

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	STEWART	Eugene	L
	INVENTOR'S	Signature 6		Date 7/2/12008
ł	SIGNATURE	Engere L. Herra		7/24/2003
0	RESIDENCE &	carx /	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Durham <sup>U</sup>	NC US	US
	POST OFFICE	Post office address	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRES\$	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
İ		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST CIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	Xu	<u> </u>	Eric
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OF FOREIGN COUNTRY	COUNTRY OF CITEZENSKIP
1	CITIZENSHIP	Grand Rapids	MI	US
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	c/o Van Andel Research Institute	Grand Rapids	Michigan 49503, US
ĺ	]	333 Bostwick, NE		

COMBINED DECLAR	ATION FO	R UTILITY OR	DESIGN PATENT	ATTORN PU4803	EY'S DOCKET
APPLICATION WITH	POWER C	F ATTORNEY			s Inventor:
			•	BLEDS	OE
				Complet	te if known:
	A-4.			App No.	
( ) Declaration submitted with initial	filing or			10/600,7	
(x) Declaration submitted after initial	filing (surcharge r	equired 37CFR1.16(e))			
				Filing D June 20, 2	
				Group A	art Unit:
				1645	
As below named inventor. I hereby declare that:					
My residence, post office address and citizenship are as stated below next to my name.					
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					oint inventor he invention
STRUCTURE OF A GLUCOCORTICOID RECEPTOR LIGAND BINDING DOMAIN COMPRISING AN EXPANDED BINDING POCKET AND METHODS EMPLOYING SAME					
the specification of which (check only one item below):					
[ ]is attached hereto. OR		100 Carlon Carlon	-131- 10/600 761 or <b>B</b> CT Inte	1	
[x] was filed on June 20	, 2003 as Unite	ed States application Sen	al No. <u>10/600,751</u> or <b>PCT</b> Inte	mauonai	ł
Application Number(if	applicable)	dand v	vas amended on (MM/DD/YYY	Y)	
I hereby state that I have as amended by any amen	reviewed and und dment specificall	derstand the contents of ty referred to above.	the above-identified specification	n, includin	g the claims,
I acknowledge the duty to	disclose inform	ation which is material to	o patentability as defined in 37 (	CFR §1.56	
I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:  PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:					
Prior Foreign Application	_	Country	Foreign Filing Date	Т	PRIORITY
Number (s)	•		(MM/DD/YYYY))		CLAIMED
1.					
2.					
3.					
5.					
I hereby claim the benefit under T	itle 35. United St	tates Code §119(e) of an	v United States provisional appl	ication(s)	listed below:
Application No.	III DD, CAMICA CI		(MM/DD/YYYY)		
1. 60/390,610			6/21/2002		
2.					

#### COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU4803US

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED		
	(MM/DD/YIYI)	1,11,211,22	PENDING	ABANDONED
OWER OF ATTORNEY: As a named inventor osecute this application and to transact all businesstomer Number 23347 and Customer Number 2	ess in the Patent and Trademark	ers associated with the ( Office connected therev	vith	
dress all correspondence and telephone cal	ls to Customer Number 23	<u>347</u>	Direct Telephone Ca	ills to:
David J. Levy Corporate Intellectual Property				P. Grassler 483-2482

		FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	FULL NAME		Randy	K
2	OF INVENTOR	BLEDSOE	Randy	Date:
	INVENTOR'S	Signature		Wate:
	SIGNATURE		<u></u>	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	Post office address	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMOLY NAME	PIRST GIVEN NAME	SECOND CIVEN NAME/INITIAL
2	OF INVENTOR	LAMBERT, III	Millard	Н
	INVENTOR'S	Signature	•	Date:
	SIGNATURE			
0	RESIDENCE &	CTTV	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
•	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND CXVEN NAME/INITIAL
2	OF INVENTOR	MONTANA	Valerie	G
	INVENTOR'S	Signamee		Date:
	SIGNATURE			
0	RESIDENCE &	cirry	STATE OR FOREIGN COUNTRY	COUNTRY OF CTITZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1		Five Moore Drive, PO Box 13398	1	

Page 3 of 3

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND CIVEN NAME/INITIAL
2	OF INVENTOR	STEWART	Eugene	_L
	INVENTOR'S	Signature		Dates
	SIGNATURE			
٥	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	}	Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/CN/TIAL
2	OF INVENTOR	Xu	Н	Eric
	INVENTOR'S	Signature		Dete: 8/4/03
	SIGNATURE	Signature Awhys		
٥	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Grand Rapids	MI	US
ì	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIF CODE/COUNTRY
5	ADDRESS	c/o Van Andel Research Institute	Grand Rapids	Michigan 49503, US
		333 Bostwick, NE		

COMBINED DECLAR	ATION FOR UTILITY	OR DESIGN PATENT	ATTORNEY'S DOCKET PU4803US	
APPLICATION WITH	POWER OF ATTORNI	$\mathbf{E}\mathbf{Y}$	First Names Inventor:	
			BLEDSOE	
( ) Declaration submitted with initial for ( x ) Declaration submitted after initial for		)	Complete if known: App No.: 10/600,751  Filing Date June 20, 2003  Group Art Unit: 1645	
As below named	inventor. I hereby declare that:			
My residence, post office address and citizenship are as stated below next to my name.				
I believe I am the original, (if plural names are listed entitled:	first and sole inventor (if only one selow) of the subject matter which i	name is listed below) or an original, s claimed and for which a patent is s	first and joint inventor cought on the invention	
STRUCTURE OF A GLUCOCORTICOID RECEPTOR LIGAND BINDING DOMAIN COMPRISING AN EXPANDED BINDING POCKET AND METHODS EMPLOYING SAME				
the specification of which (check only one item below):				
[ ]is attached hereto. OR				
[x] was filed on June 20,	2003 as United States application	Serial No. <u>10/600,751</u> or <b>PCT</b> Inte	emational	
Application Number(if a	pplicable)	nd was amended on (MM/DD/YY)	<b>(</b> Y)	
	eviewed and understand the content ment specifically referred to above.	s of the above-identified specification	on, including the claims,	
I acknowledge the duty to	disclose information which is mater	ial to patentability as defined in 37	CFR §1.56.	
I hereby claim forcign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:				
Prior Foreign Application	RIORITY CLAIMS UNDER 35 U Country	S.C. 119:  Foreign Filing Date	PRIORITY	
Number (s)	Country	(MM/DD/YYYY))	CLAIMED	
1.				
2. 3.				
4.				
5.				
	tle 35, United States Code §119(e)	f any United States provisional app	lication(s) listed below:	
Application No.	Filing	Date (MM/DD/YYYY)		
1. 60/390,610		06/21/2002		
1 2.	ţ			

# COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTURNEY'S DOCKET NUMBER
PU4803US

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION o	r PCT PARENT APPLICAT	ION			
			STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED	
POWER OF ATTORNEY: As a named invent	tor, I hereby appoint the practition	ers associated with the	Customer Numbers	provided below to	
prosecute this application and to transact all business Number 23347 and Customer Number	iness in the Patent and Trademark	Office connected therev	with		
Address all correspondence and telephone of	alls to Customer Number 23	<u>347</u>	Direct Telephone Ca	alis to:	
David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park. NC 27709-339	8			P. Grassler 483-2482	

	CALAN VINANCE	FIRST CIVAN NAME	SECOND GIVEN NAME/INITIAL
			K
OF INVENTOR	BLEDSOE	Randy	
INVENTOR'S	Signature		Dates
SIGNATURE			
RESIDENCE &	CITY		COUNTRY OF CITIZENSHIP
CITIZENSHIP	Durham	NC	US
	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
ADDRESS	GlaxoSmithKline	Rescarch Triangle Park	NC 27709 US
	Five Moore Drive, PO Box 13398		
FULL NAME	FAMILY NAME	PIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
OF INVENTOR	LAMBERT, M	Millard	Н
INVENTOR'S	Signature 11. J A		Dase: August 5, 2003
SIGNATURE	The same		
RESIDENCE &	CITY		COUNTRY OF CHTIZENSHIP
CITIZENSHIP	Durham		US
POST OFFICE	POST OFFICE ADDRESS		STATE & ZIP CODE/COUNTRY
ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	Five Moore Drive, PO Box 13398		
FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	MONTANA	Valerie	G
	Signature		Dan:
	CTYY	STATE OR POREIGN COUNTRY	COUNTRY OF CITIZENSHIP
CITIZENSHIP	Durham	NC US	US
	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	Five Moore Drive, PO Box 13398		
	SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS  FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS  FULL NAME OF INVENTOR INVENTOR SIGNATURE RESIDENCE & SIGNATURE	OF INVENTOR BLEDSOE  INVENTOR'S SIGNATURE  RESIDENCE & CITY DURHAM POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398  FULL NAME OF INVENTOR'S SIGNATURE  RESIDENCE & CITY DURHAM POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398  FULL NAME OTIZENSHIP POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398  FULL NAME OF INVENTOR'S SIGNATURE  FAMILY NAME MONTANA  INVENTOR'S SIGNATURE  RESIDENCE & CITY DURHAM  OF INVENTOR'S SIGNATURE  RESIDENCE & CITY CITIZENSHIP POST OFFICE ADDRESS GlaxoSmithKline FOST OFFICE ADDRESS GlaxoSmithKline FOST OFFICE ADDRESS GlaxoSmithKline	OF INVENTOR'S SIGNATURE  RESIDENCE & CITY POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398  FULL NAME OF INVENTOR'S SIGNATURE  RESIDENCE & CITY ADDRESS FOR MOORE DRIVE, PO Box 13398  FULL NAME OF INVENTOR'S SIGNATURE  RESIDENCE & CITY POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398  FULL NAME OF INVENTOR'S GlaxoSmithKline Five Moore Drive, PO Box 13398  FULL NAME OF INVENTOR  FIVE MOORE DRIVE, PO Box 13398  FULL NAME OF INVENTOR'S SIGNATURE  FIVE MOORE DRIVE, PO Box 13398  FULL NAME OF INVENTOR'S SIGNATURE  RESIDENCE & CITY MONTANA  SIGNATURE  RESIDENCE & CITY FOST OFFICE ADDRESS GlaxoSmithKline RESECRATORION COUNTRY NC US  STATE OF POREIGN COUNTRY NC US  CITY Research Triangle Park  CITY Research Triangle Park  CITY Research Triangle Park  CITY Research Triangle Park

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	STEWART	Eugenc	
	INVENTOR'S	Signature		Dates
	SICNATURE			AA-DIMMA DA GERMANIA
l o	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Durham	NC US	US
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1 '		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST CIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	Xu	H	Eric
1 -	INVENTOR'S	Signature		Dater
1	SIGNATURE	i		
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
ľ	CITIZENSHIP	Grand Rapids	MI	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	c/o Van Andel Research Institute	Grand Rapids	Michigan 49503, US
		333 Bostwick, NE		

COMBINED DECLAR	ATION FOR UTILITY	OR DESIGN PATENT	ATTORNEY'S DOCKET PU4803US	
	POWER OF ATTORNE		First Names Inventor:	
			BLEDSOE	
( ) Declaration submitted with initial (x) Declaration submitted after initial	filing or filing (surcharge required 37CFR1.16(e)	)	Complete if known: App No.: 10/600,751  Filing Date June 20, 2003  Group Art Unit: 1645	
As below named	inventor. I hereby declare that:			
My residence, post office	address and citizenship are as stated	pelow next to my name.		
I believe I am the original (if plural names are listed entitled:	l, first and sole inventor (if only one n below) of the subject matter which is	ame is listed below) or an original, claimed and for which a patent is s	first and joint inventor sought on the invention	
STRUCTURE OF A GLUCOCORTICOID RECEPTOR LIGAND BINDING DOMAIN COMPRISING AN EXPANDED BINDING POCKET AND METHODS EMPLOYING SAME				
the specification of which	ı (check only one item below):			
[ ]is attached hereto. OR				
	, 2003 as United States application	Serial No. <u>10/600,751</u> or <b>PCT</b> Inte	ernational	
Application Number(if	applicable) filed a	nd was amended on (MM/DD/YYY	M)	
	reviewed and understand the contents dment specifically referred to above.	of the above-identified specification	on, including the claims,	
I acknowledge the duty to	disclose information which is mater	ial to patentability as defined in 37	CFR §1.56.	
inventor's certificate or 365(a) of a States of America, listed below an ceruficate or of any PCT internation	nefits under 35 U.S.C. §119 (a)-(d) or any PCT international application whi d have also identified below, by chec and application having a filing date b	ch designated at least one country of king the box, any foreign application efore that of the application on whi	other than the United on for patent or inventor's	
	RIORITY CLAIMS UNDER 35 U.  Country	S.C. 119: Foreign Filing Date	PRIORITY	
Prior Foreign Application Number (s)	Country	(MM/DD/YYYY))	CLAIMED	
1.				
2.				
3.				
4.				
I have by claim the hanglit under T	itle 35, United States Code §119(e) o	fany United States provisional and	lication(s) listed helow	
	THE TO, OHITER STATES CORE SITA(E) O	r arry cyrrica orares broarsionar abb	HORUUIKS/ HOWU UGIUW.	
Application Mo	Filian I	Tate (MM/DD/YYYY)	T	
Application No. 1. 60/390,610	Filing I	Date (MM/DD/YYYY) 06/21/2002		

Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398

#### COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU4803US

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION			STATUS (Check	one)
U.S. Parent Application or PCT Porent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER OF ATTORNEY: As a named inve prosecute this application and to transact all bu Customer Number 23347 and Customer Numb	siness in the Patent and Trademark	ors associated with the Office connected therev	vith	
**************************************			Disease Tolombonn Co	ille to
	calls to Customer Number 23	<u>347</u>	Direct Telephone Ca	1115 tu.
Address all correspondence and telephone David J. Levy Corporate Intellectual Property	calls to Customer Number 23	<u>347</u>		P. Grassler

	100 M N N N N N N N N N N N N N N N N N N	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
1	FULL NAME			K
2	OF INVENTOR	BLEDSOE	Randy	
	INVENTOR'S	Signature		Date:
l .	SIGNATURE			
٥	RESIDENCE &	CITY	STATE UR FOREICH COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
, ,	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
1		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	PIRST CIVEN NAME	SECOND GIVEN NAMEZINITIAL
2	OF INVENTOR	Lambert, III	Millard	Н
1	INVENTOR'S	Signature		Dare:
	SIGNATURE	<u></u>		
l o	RESIDENCE &	CITY	STATE OR POREIGN COUNTRY	COUNTRY OF CITIZENSHIP
-	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	ÇIYY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	PIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MONTANA	Valerie	G
	INVENTOR'S	Signature	<del></del>	Date:
	SIGNATURE	Waleric M. mo	niera	7/25/03
1 0	RESIDENCE &	CYTY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSLIP
· ·	CITIZENSHIP	Durham	NC US	US
ł	POST OFFICE	Post office address	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
I -		Five Moore Drive, PO Box 13398		

<u> </u>	FULL NAME	PAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	STEWART	Eugene	<u>L</u>
ł	INVENTOR'S	Signature		Date:
1	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CTTIZENSHIP
1	CITIZENSHIP	Durham	NC US	US
l .	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	PIRST GIVEN NAME	SECOND CIVEN NAME/INITIAL
2	OF INVENTOR	Xu	<u> </u>	Eric
	INVENTOR'S	Signature		Dates
İ	SIGNATURE	·		
1 0	RESIDENCE &	CITY	STATE OR POREIGN COUNTRY	COUNTRY OF CUTIZENSIMP
	CITIZENSHIP	Grand Rapids	MI	US
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	c/o Van Andel Research Institute	Grand Rapids	Michigan 49503, US
		333 Bostwick, NE		

NO. 1103 P. 15/20 Page 1 of 3

COMBINED DECLARATION	FOR UTILITY OF	DESIGN PATENT	ATTORNEY'S DOCKET PU4803US		
APPLICATION WITH POWER	R OF ATTORNEY		First Names Inventor:		
			BLEDSOE		
			C. tusicina		
			Complete if known: App No.:		
( ) Declaration submitted with initial filing or			10/600,751		
(x) Declaration submitted after initial filing (surchar	ge required 37CFR1.16(e))				
			Filing Date June 20, 2003		
			Group Art Unit:		
			1645		
As below named inventor. I h  My residence, post office address and		ow next to my name.			
17xy residence, post office adoless and	orazonamp arb ab storeg out				
I believe I am the original, first and sol (if plural names are listed below) of the entitled:					
STRUCTURE OF A GLUCOCORTICOID RECEPTOR LIGAND BINDING DOMAIN COMPRISING AN EXPANDED BINDING POCKET AND METHODS EMPLOYING SAME					
the specification of which (check only one item below):					
[ ]is attached hereto. OR					
[ x ] was filed on <u>June 20, 2003</u> as U	Inited States application Ser	ial No. 10/600,751 or PCT Inter	mational		
Application Number(if applicable)	filedand	was amended on (MM/DD/YYY	Y)		
I hereby state that I have reviewed and as amended by any amendment specifi		the above-identified specification	o, including the claims,		
I acknowledge the duty to disclose info	ormation which is material t	o patentability as defined in 37 (	FR §1.56.		
I hereby claim foreign priority benefits under 3. inventor's certificate or 365(a) of any PCT inter	national application which	designated at least one country of	ther than the United		
States of America, listed below and have also in					
certificate or of any PCT international applicati			h priority is claimed:		
Prior Foreign Application	Country	Foreign Filing Date	PRIORITY		
Number (s)	, , , , , , , , , , , , , , , , , , ,	(MM/DD/YYYY))	CLAIMED		
1.					
2.					
4.					
5.					
I hereby claim the benefit under Title 35, Unite	d States Code §119(e) of an	y United States provisional appli	ication(s) listed below:		
Application No.		(MM/DD/YYYY)			
1. 60/390,610	0	6/21/2002			
2.	-				

### COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU4803US

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

			STATUS (Check	one)
U.S. Purent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
prosecute this application and to transact all bu	siness in the Patent and Trademark	Office connected therev	vith	
Address all correspondence and telephone		347	Direct Telephone Ca	ills to:
Address all correspondence and telephone David J. Levy		347	Frank	P. Grassler
Corporate Intellectual Property		347	Frank	
Address all correspondence and telephone David J. Levy		347	Frank	P. Grassler

	FULL NAME	FAMILY NAME	PIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BLEDSOE	Randy	K
٠ ا	INVENTOR'S	Signature	Tundy	Dates
	SIGNATURE	- Signature		Jan.
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
١ ،	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CDY	STATE & ZIP CODE/COUNTRY
,	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
	ADDRESS		Acatem Friangle Late	NC 27703 03
		Five Moore Drive, PO Box 13398		
l	FULL NAME	FAMILY NAME	FIRST CIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LAMBERT, III	Millard	Н
į .	INVENTOR'S	Signature	Dules	
ł	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	PIRST CIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MONTANA	Valerie	G
	INVENTOR'S	Signalure		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR YORKIGN COUNTRY	COUNTRY OF CITIZENSHIP
Į.	CITIZENSHIP	Durham	NC US	US
I	POST OFFICE	POST OFFICE ADDRESS	CTTY	STATE & 21P CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	,	

	FULL NAME	Fanioly Name	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	STEWART	Eugene	L
	INVENTOR'S	Signature 6		Date: 7 louis a a a
	SIGNATURE	Engeve L. Heman		7/24/2003
0	RESIDENCE &	cmy /	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Durham V	NC US	U\$
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	Хu	Н	Eric
l	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CLIA	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
l .	CITIZENSHIP	Grand Rapids	MI	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	c/o Van Andel Research Institute	Grand Rapids	Michigan 49503, US
<u> </u>		333 Bostwick, NE		

COMBINED DECLAR APPLICATION WITH			DESIGN PATENT	PU480	es Inventor:
( ) Declaration submitted with initial (x) Declaration submitted after initial		equired 37CFR1.16(e))		App No 10/600, Filing D June 20, 2	751 ate
As below named	l inventor. I here	by declare that:			
My residence, post office	address and citiz	enship are as stated belo	w next to my name.		
I believe I am the origina (if plural names are listed entitled:	l, first and sole in I below) of the su	ventor (if only one name bject mattet which is cla	e is listed below) or an original, imed and for which a patent is s	first and jo ought on t	oint inventor he invention
STRUCTURE OF A GLUCOCORTICOID RECEPTOR LIGAND BINDING DOMAIN COMPRISING AN EXPANDED BINDING POCKET AND METHODS EMPLOYING SAME					
the specification of which	h (check only one	item below):			
[ ]is attached hereto. OR [ x ] was filed on June 20	). 2003 as Unite	ed States application Seri	al No. <u>10/600,751</u> or <b>PCT</b> Inte	rnational	
Application Number(if	filc applicable)	dand v	vas amended on (MM/DD/YYY	Y)	
I hereby state that I have as amended by any amen			the above-identified specificatio	n, includir	ng the claims,
I acknowledge the duty to	o disclose inform	ation which is material to	patentability as defined in 37 (	CFR §1.56	
I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:					
PRIOR FOREIGN AND ANY F		IMS UNDER 35 U.S.C.	Foreign Filing Date		PRIORITY
Number (s)	·	Journal	(MM/DD/YYYY))	_	CLAIMED
1.					
2.					
3. 4.					
5.					
I hereby claim the benefit under T	itle 35. United S	lates Code §119(e) of an	y United States provisional appl	ication(s)	listed below:
Application No.			(MM/DD/YYYY)		
1. 60/390,610		06	5/21/2002		
2.					

#### COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEYS DOCKET NUMBER
PU4803US

I hereby claim the benefit under 35. U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

U.S. Parent Application of PCT Parent Number Parent Filing Date (MM/DD/YYYY)  PATENTED PENDING ABANDONED PENDING ABANDON	PRIOR	U.S. PARENT A	APPLICATION or PCT PARENT A	PPLICATION				
POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462  Address all correspondence and telephone calls to Customer Number 23347  Address all correspondence and telephone calls to Customer Number 23347  Address all correspondence and telephone calls to Customer Number 23347  Address all correspondence and telephone calls to Customer Number 23347  Address all correspondence and telephone calls to Customer Number 23347  Address all correspondence and telephone calls to Customer Number 23347  Address all correspondence and telephone calls to Customer Number 23347  Address all correspondence and telephone calls to Customer Number 23347  Brank P. Grassler 919-483-7482  Frank P. Grassler 91					STATUS (Check one)			
prosecute this application and to transact all business in the Patent and Trademark Office connected therewith  Customer Number 23347 and Customer Number 20462  Address all correspondence and telephone calls to Customer Number 23347  David J. Levy Corporate Intellectual Property GlaxoSmithKine Five Moore Drive, PO Box 13398  Research Triangle Park, NO. 27709-3399  Thereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belic are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.  PULL NAME  FULL NAME  PORTOPRICE  TRUE NAME  POST OFFICE  ADDRESS  FULL NAME  POST OFFICE  ADDRESS  GlaxoSmithKline  Five Moore Drive, PO Box 13398  POST OFFICE  ADDRESS  GLANDSMITH MILLIAMS  FIVE MOORE Drive, PO Box 13398  FULL NAME  POST OFFICE  OF INVENTOR'S  SIGNATURE  POST OFFICE  ADDRESS  GLANDSMITH MILLIAMS  FIVE MOORE Drive, PO Box 13398  FULL NAME  POST OFFICE  OF INVENTOR'S  SIGNATURE  POST OFFICE  ADDRESS  GLANDSMITH MILLIAMS  FIVE MOORE DRIVE, PO Box 13398  FULL NAME  POST OFFICE  ADDRESS  GLANDSMITH MILLIAMS  POST OFFICE  ADDRESS  GLANDSMITH MILLIAMS  FIVE MOORE DRIVE, PO Box 13398  FULL NAME  POST OFFICE  ADDRESS  GLANDSMITH MILLIAMS  FIVE MOORE DRIVE, PO Box 13398  FIRST GIVEN NAME  CITY  STATE OR FOREIGN COUNTRY  NOT US  STATE A 21P CORDITIONEN  NOT US  STATE A 21P CORDITIONEN  NOT US  STATE A 21P CORDITIONEN  FIVE MOORE DRIVE, PO Box 13398  FIRST GIVEN NAME  COUNTRY OF CITIZENSHIP  DUT ham  POST OFFICE  ADDRESS  GLANDSMITH MILL NAME  FIVE MOORE DRIVE, PO Box 13398  FRANT OF FOREIGN COUNTRY  NOT US  STATE A 21P CORDITIONEN  NOT US  STATE A 21P CORDITIONEN  FIVE MOORE DRIVE, PO Box 13398  FRANT OF FOREIGN COUNTRY  NOT US  STATE A 21P CORDITIONEN  Date:  STATE A 21P CORDITIONEN  FIVE MOO	U.S.		PCT Parent Parent Filing D (MM/DD/YY)	Date YY)	PATENTED	PENDING	ABANDONED	
prosecute this application and to transact all business in the Patent and Trademark Office connected therewith  Customer Number 23347 and Customer Number 20462  Address all correspondence and telephone calls to Customer Number 23347  David J. Levy Corporate Intellectual Property GlaxoSmithKilne Five Moore Drive, PO Box 13398  Research Triangle Park, NC 27709-3399  I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belic are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.  PULL NAME  FULL NAME  FULL NAME  POST OFFICE  OF INVENTOR'S  SIGNATURE  OF INVENTOR'S  SIGNATURE  POST OFFICE  OF INVENTOR'S  SIGNATURE  POST OFFICE  OF INVENTOR'S  SIGNATURE  OF	POWEI	R OF ATTORNEY	: As a named inventor, I hereby appoint the	he practitioners as	sociated with the	Customer Numbers	provided below to	
David J. Levy Corporate Jatelletetual Property GlaxoSmithkline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398  I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belie are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.  FULL NAME OF INVENTOR: SIGNATURE  RESIDENCE & CITY OFFICE ADDRESS FIVE MOORE DRIVE, PO Box 13398  FULL NAME FIVE MOORE DRIVE, PO Box 13398  FILL NAME FIVE MOORE DRIVE, PO Box 13398  FILL NAME FIVE MOORE DRIVE, PO Box 13398  FILL NAME FIVE MOORE DRIVE, PO Box 13398  FULL NAME FIVE MOORE DRIVE, PO Box 13398  FULL NAME OF INVENTOR'S SIGNATURE  RESIDENCE & CITY NVENTOR'S SIGNATURE  RESIDENCE & CITY Durham NC US  FIRST GIVEN NAME NVENTOR'S SIGNATURE  FOST OFFICE ADDRESS GlaxOSmithKline FIVE MOORE DRIVE, PO Box 13398  FULL NAME OF RESIDENCE & CITY Durham NC US  FILL NAME OF RESIDENCE & CITY Durham NC US  FILL NAME FIVE ORDERSS GLAXOSMITHKLINE FIVE MOORE DRIVE, PO Box 13398  FULL NAME OF RESIDENCE & CITY Durham NC US  FULL NAME OF RESIDENCE & CITY Durham NC US  FILL NAME OF RESIDENCE & CITY Durham NC US  FILL NAME OF RESIDENCE & CITY STATE A 2P CODECOUNTRY NORTH Carolina 27709, US  FULL NAME OF RESIDENCE & CITY NORTH OFFICE SIGNATURE  FULL NAME OF RESIDENCE & CITY STATE A 2P CODECOUNTRY NORTH Carolina 27709, US  FULL NAME OF RESIDENCE & CITY NORTH OFFICE SIGNATURE  FULL NAME OF RESIDENCE & CITY NORTH OFFICE SIGNATURE  FULL NAME OF RESIDENCE & CITY SIGNATURE SIGNATURE  FULL NAME OF RESIDENCE & CITY SIGNATURE OF RESIDENCE & CITY SIGNATURE SIGNATURE SIGNATURE SIGNATURE OF RESIDENCE & CITY SIGNATURE SIGNATURE SIGNATURE SIGNATURE OF RESIDENCE & CITY SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICE ADDRESS SIGNATURE SIGNATURE SIGNATUR	prosecut	e this application an	d to transact all business in the Patent and	Trademark Office	connected there	with		
Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398  Thereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belie are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.  PULL NAME OF INVENTOR'S SIGNATURE  OR RESIDENCE & CITY COUNTRY OF CITIZENSHIP POST OFFICE ADDRESS OF OFFICE POST OFFICE ADDRESS OF OFFICE POST OFFICE ADDRESS OF NVENTOR'S SIGNATURE  OF NVENTOR'S SIGNATURE  OF NVENTOR'S SIGNATURE  OF NVENTOR'S SIGNATURE  OF NVENTOR'S SIGNATURE  OF SIGNATURE  OF SIGNATURE  OF SIGNATURE  OF SIGNATURE  OF SIGNATURE  OF SIGNATURE  OF NVENTOR'S SIG	Addres	s all corresponden	ce and telephone calls to Customer N	umber <u>23347</u>		Direct Telephone Ca	lls to:	
Thereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belie are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.  FULL NAME OF INVENTOR'S SIGNATURE OF RESIDENCE & CITY ADDRESS INVENTOR'S SIGNATURE OF INVENTOR'S SIGNATURE  FULL NAME OF INVENTOR'S SIGNATURE OF OFFICE ADDRESS OFFICE ADDRESS OF OFFICE ADDRESS		Corporate Intellect GlaxoSmithKline Five Moore Drive,	PO Box 13398	8				
are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.    Total Name	I hereb	y declare that all s	tatements made herein of my own know	wledge are true :	and that all state	ements made on inf	ormation and belief	
the validity of the application or any patent issuing thereon.    Tull Name	are beli	eved to be true; an	nd further that these statements were m	ade with the kno	wledge that wi	llful false statemen	ts and the like so	
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CFINVENTOR   BLEDSOE   Randy   K	the van							
INVENTOR'S SIGNATURE  O RESIDENCE & CITY CITIZENSHIP Durham NC  ORST OFFICE FOST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398  FULL NAME OF INVENTOR'S SIGNATURE  ORSIGNATURE  ORSIGNATURE  ORSIGNATURE  FIVE Moore Drive, PO Box 13398  FULL NAME OF INVENTOR'S SIGNATURE  ORSIGNATURE  ORSIGNATURE  FIVE Moore Drive, PO Box 13398  FULL NAME OF INVENTOR'S SIGNATURE  ORSIGNATURE  ORSIGNATURE  FIVE Moore Drive, PO Box 13398  FULL NAME OF INVENTOR  ORSIGNATURE  ORSIGNATURE  FIVE Moore Drive, PO Box 13398  FULL NAME OF INVENTOR  FIVE Moore Drive, PO Box 13398  FULL NAME OF INVENTOR  FIVE MOORE DRIVE, PO Box 13398  FULL NAME OF INVENTOR  ORSIGNATURE  OR INVENTOR  FIVE MOORE DRIVE, PO Box 13398  FULL NAME OF INVENTOR  OR INVENTATION  OR INVENTATION  OR INVENTATION  OR INVENTATION  OR INVENTATION  OR INVENTATIO	2							
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POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398  FULL NAME OF INVENTOR INVENTOR'S SIGNATURE  RESIDENCE & CTIV POST OFFICE ADDRESS GlaxoSmithKline Figure Moore Drive, PO Box 13398  FIRST GIVEN NAME Millard  Millard  FIRST GIVEN NAME Millard  FIRST GIVEN NAME Millard  FIRST GIVEN NAME Millard  FIRST GIVEN NAME Millard  FIRST GIVEN NAME MILLAR  Date:  COUNTRY OF CITIZENSRUP US  STATE & ZIP CODE/COUNTRY NC US  FIATE & ZIP CODE/COUNTRY FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME FIVE MOORE DRIVE, PO Box 13398  FULL NAME OF INVENTOR'S SIGNATURE  FIGURE NAME FIRST GIVEN NAME Valerie  FIRST GIVEN NAME FIRST GIVEN NAME Valerie  FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME Valerie  FIRST GIVEN NAME FIRST G								
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OF INVENTOR LAMBERT, III Millard III  INVENTOR'S SIGNATURE  ORESIDENCE & CTIV Durham NC US  FOST OFFICE ADDRESS CITY North Carolina 27709, US  FULL NAME OF INVENTOR MONTANA Valerie  OF INVENTOR'S SIGNATURE  OF RESIDENCE & CTIV STATE & ZIP CODE/COUNTRY NORTH CAROLINA 27709, US  FULL NAME OF INVENTOR MONTANA Valerie  OF RESIDENCE & CTIV STATE & ZIP CODE/COUNTRY NORTH CAROLINA 27709, US  FULL NAME OF INVENTOR'S SIGNATURE  OF RESIDENCE & CTIV STATE OR FOREIGN COUNTRY OF CTITZENSHIP OUT AND OUT		EULI NAME		PIRST GIVEN NAME	:	SECOND GIVEN NAME	MITIAL	
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2	OF INVENTOR	STEWART	Eugene	L
t .	INVENTOR'S	Signature		Date:
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0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
ł	CITIZENSHIP	Durham	NC US	US
1	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	First given name	SECOND GIVEN NAMEANITIAL.
2	OF INVENTOR	Xu	H	Eric
	INVENTOR'S	Signature	Duter Of Co. 1 a 2	
	SIGNATURE	mush		8/4/03
1 0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Grand Rapids	MI	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	c/o Van Andel Research Institute	Grand Rapids	Michigan 49503, US
	1	333 Bostwick, NE		